•		
<u>N</u>	evada State Education Association - TIP	
	Office (if applicable)	District (if applicable)
Mail	890 Donald St., Reno, NV 89502 ing Address (include city and zip code)	(775) 828-6732 x3024
	<u> </u>	Telephone No.
E-Mail Address		
Sign	เมืองที่มีประจา(เปรียบสารสา(เปรี่⊞าะวงฟุล)อังจาก 🌠เสดเกาะ	
######################################		
x	Report #1 — Due August 27, 2002	
	Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002	
	Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002	FILED //
	BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002	$\alpha \cup \alpha$
F		AUG 2 6 2002
	Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002	Danish - L. J. O
	Period: Aug. 23, 2002 — Oct. 24, 2002	Secretary of State
	Report #3 Due — January 15, 2003	
	Period: Oct. 25, 2002 Jan. 3, 2003	FOR OFFICE USE ONLY
	BAGs only: Period: Oct. 25, 2002 - Dec. 5, 2002	
٠	BALANCE	
This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any \$28427, 22		
	onspent contributions report, or last contributions & Expenses Report	, if any
CONTRIBUTIONS SUMMARY		
"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution		
:	of money or anything of value other than the services of a volunteer	received. (NRS 294A.007)
	Total amount of monetary contributions in excess of \$100 Total amount of monetary contributions in excess of \$100	*345 ,922.13
	Total amount of monetary contributions of \$100 or less	145.00
	Actual number of monetary contributions of \$100 or less	
,	3. Interest and income earned on contributions, if any	1,980,15
	4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 thro	ugh 3) \$348,047,28
	5. Total amount of In Kind Contributions	
EVDENOFO OLIMADA		
EXPENSES SUMMARY		
	Total amount of monetary expenses in excess of \$100	<u>\$266,381</u> _91
	7. Total amount of monetary expenses of \$100 or less	
	8. Expense for filing fee	
	9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through	-0-
Remaining Balance (Subtract line 9 from 4) 10. Total amount of in Kind Expenses		^{m 4)}
AFEIRMATION		
I declare under penalty of perjury that the foregoing is true and correct.		
- Nulniule 8/21/02		
Signature Date Executed On		
EL201.doc		
	Revised: MAR-02	PAGEOF